

Balancing Incentive Payment Program Application



STATE OF MAINE
Department of Health and Human Services
Submission Date: May 1, 2013

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Cover Letter



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

May 1, 2013

Department of Health and Human Services
MaineCare Services
11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 287-2674; Fax: (207) 287-2675
TTY Users: Dial 711 (Maine Relay)

Ms. Jennifer Burnett
Centers for Medicare & Medicaid Services
Disabled and Elderly Health Programs Group
7500 Security Boulevard
Mail Stop: S2-14-26
Baltimore, MD 21244-1850

Dear Ms. Burnett:

The State of Maine is pleased to submit the enclosed application for the Balancing Incentive Payment (BIP) Program. As the single state Medicaid agency, the Maine Department of Health and Human Services will serve as the lead organization for the BIP Program.

Maine has a strong history and commitment to rebalancing its long-term services and supports (LTSS) toward community settings, allowing individuals to be served in the most appropriate and least restrictive settings. Participation in the BIP program will further these goals and achieve greater streamlined eligibility processes across all LTSS populations. Collaboration between the disability and aging networks is a key component of this enhanced system structure.

Maine is committed to working with our many community partners and stakeholders in a collaborative fashion to achieve the goals of this initiative and to build upon the supports that Maine currently has in place to create a No Wrong Door/Single Entry Point system, statewide core standardized assessments, and a conflict free case management system. The BIP Program will complement other ongoing initiatives in Maine aimed at rebalancing LTSS towards community living. Maine is requesting an estimated \$21,246,061 from July 1, 2013 through September 30, 2015 to support these efforts.

The Department will serve as both the Oversight and Operating Agency for the BIP Program and its required structural changes. Stacey Mondschein Katz has been designated as the primary contact person for the Maine BIP Program and she will work closely with others across the Department, as well as community partners across the LTSS spectrum to implement the BIP Program initiatives. Please do not hesitate to contact her at Stacey.Mondschein-Katz@maine.gov or (207) 287-9362.

Sincerely,

Stefanie Nadeau, Director
Office of MaineCare Services

Project Abstract

The State of Maine's Department of Health and Human Services, in collaboration with community partners, proposes to leverage the Balancing Incentive Payment (BIP) Program to further develop Maine's systems of community-based long term services and supports (LTSS). As part of this initiative, Maine commits to increasing the share of expenditures for community LTSS so that it equals or exceeds the expenditures for institutional LTSS prior to the end of the grant period.

This goal will be achieved by adopting the following actions and strategies:

- Streamline LTSS eligibility and assessment process through a No Wrong Door/Single Entry model, building upon Maine's current practices and partnerships, and expanding the NWD/SEP model across all LTSS populations.
- Assure conflict free case management, providing remediation where needed, to enhance consumer choice and quality services.
- Continue implementation of core standardized assessments for LTSS, meeting the requirement of the BIP Program.

The implementation of the structural changes envisioned by the BIP Program will complement other on-going initiatives in Maine aimed at transforming its LTSS system to better support individuals living in the community, such as its Money Follows the Person program, to assist individuals transitioning from institutions back into the community.

The BIP Program provides Maine a way forward at a time when the State faces multiple pressures of growing need and limited fiscal resources; namely, lowering costs through improved systems performance and efficiencies while at the same time administering services in the most integrated and appropriate settings. These structural changes will be implemented by the end of the grant period.

The Maine Balancing Payment Initiative Program: Preliminary Work Plan

General NWD/SEP Structure

1. All individuals receive standardized information and experience the same eligibility determination and enrollment processes.

Major Objective / Interim Tasks	Estimated Due Date (from time of Work Plan Submission)	Lead Person	Status of Task	Deliverables
1.1. Develop standardized informational materials that NWD/SEPs provide to individuals	February 2014: 3 months	Stacey Mondschein Katz	In progress	Informational materials, updated and cross walked across all LTSS
1.2. Train all participating agencies/staff on eligibility determination and enrollment processes	No later than May 2015: 18 months	To be identified in Work Plan	Not started	Training agenda and schedule; on-site and webinar training materials

2. A single eligibility coordinator, "case management system," or otherwise coordinated process guides the individual through the entire functional and financial eligibility determination process. Functional and financial assessment data or results are accessible to NWD/SEP staff so that eligibility determination and access to services can occur in a timely fashion.

Major Objective / Interim Tasks	Estimated Due Date (from time of Work Plan submission)	Lead Person	Status of Task	Deliverables
2.1. Design system (initial overview)	November 1, 2013 (submit with Work Plan)	Stacey Mondschein Katz	In progress	Description of the system
2.2. Design system (final detailed design)	May 1, 2014: 6 months	Stacey Mondschein Katz	Not started	Detailed technical specifications of system
2.3. Select vendor (if automated)	November 1, 2014: 12 months	To be identified in Work Plan	Not started	Vendor name and qualifications
2.4. Implement and test system	May 1, 2015: 18 months	To be identified in Work Plan	Not started	Description of pilot roll-out
2.5. System goes live	Prior to September 30, 2015	To be identified in Work Plan	Not started	Memo indicating system is fully operational
2.6. System updates	Semiannual after implementation	To be identified in Work plan	Not started	Description of successes and challenges

NWD/SEP

3. [State has a network of NWD/SEPs and an Operating Agency; the Medicaid Agency is the Oversight Agency.](#)

Major Objective / Interim Tasks	Estimated Due Date (from time of Work Plan submission)	Lead Person	Status of Task	Deliverables
3.1. Identify the Operating Agency	November 1, 2013 (submit with Work Plan)	Complete	Complete	Name of Operating Agency: Department of Health and Human Services, Medicaid Agency
3.2. Identify the NWD/SEPs	November 1, 2013 (submit with Work Plan)	Stacey Mondschein Katz	In progress	List of NWD/SEP entities and locations
3.3. Develop and implement a Memorandum of Understanding (MOU) across agencies	February 1, 2014: 3 months	Stacey Mondschein Katz	Not started	Signed MOU specific to BIP Program

4. [NWD/SEPs have access points where individuals can inquire about community LTSS and receive comprehensive information, eligibility determinations, community LTSS program options counseling, and enrollment assistance.](#)

Major Objective / Interim Tasks	Estimated Due Date (from time of Work Plan submission)	Lead Person	Status of Task	Deliverables
4.1. Identify service shed coverage of all NWD/SEPs	February 1, 2014: 3 months	Stacey Mondschein Katz	In progress	Percentage of State population covered by NWD/SEPs
4.2. Ensure NWD/SEPs are accessible to older adults and individuals with disabilities	August 1, 2014: 9 months	Stacey Mondschein Katz	In progress	Description of NWD/SEP features that promote accessibility

Website

5. [The NWD/SEP system includes an informative community LTSS website; Website lists 1-800 number for NWD/SEP system.](#)

Major Objective / Interim Tasks	Estimated Due Date (from time of Work Plan submission)	Lead Person	Status of Task	Deliverables
5.1. Identify or develop URL	February 1, 2014: 3 months	To be identified in Work Plan	Not started	URL
5.2. Develop and incorporate content	May 1, 2014: 6 months:	To be identified in Work Plan	Not started	Working URL with content completed
5.3. Incorporate the Level I screen into the website (<i>recommended, not required</i>)	May 1, 2015: 18 months:	To be identified	Not started	Working URL of

Major Objective / Interim Tasks	Estimated Due Date (from time of Work Plan submission)	Lead Person	Status of Task	Deliverables
		in Work Plan		Level I screen and instructions for completion

1-800 Number

6. [Single 1-800 number where individuals can receive information about community LTSS options in the State, request additional information, and schedule appointments at local NWD/SEPs for assessments.](#)

Major Objective / Interim Tasks	Estimated Due Date (from time of Work Plan submission)	Lead Person	Status of Task	Deliverables
6.1. Contract 1-800 number service	May 1, 2014: 6 months	Stacey Mondschein Katz	In progress	Phone number
6.2. Train staff on answering phones, providing information, and conducting the Level I screen	May 1, 2014: 6 months	To be identified in Work Plan	Not started	Training materials

Advertising

7. [State advertises the NWD/SEP system to help establish it as the “go to system” for community LTSS](#)

Major Objective / Interim Tasks	Estimated Due Date (from time of Work Plan submission)	Lead Person	Status of Task	Deliverables
7.1. Develop advertising plan	February 1, 2014: 3 months	Stacey Mondschein Katz	Not started	Advertising plan for comprehensive LTSS system
7.2. Implement advertising plan	May 1, 2014: 6 months	To be identified in Work Plan	Not started	Materials associated with advertising plan

CSA/CDS

8. [A CSA, which supports the purposes of determining eligibility, identifying support needs, and informing service planning, is used across the State and across a given population. The assessment is completed in person, with the assistance of a qualified professional. The CSA must capture the CDS \(a Core Data Set of required domains and topics\).](#)

Major Objective / Interim Tasks	Estimated Due Date (from time of Work Plan submission)	Lead Person	Status of Task	Deliverables
8.1. Develop questions for the Level I screen	May 1, 2014: 6 months	Stacey Mondschein Katz	Not started	Level I screening questions

Major Objective / Interim Tasks	Estimated Due Date (from time of Work Plan submission)	Lead Person	Status of Task	Deliverables
8.2. Fill out CDS crosswalk (see Appendix H in the Manual) to determine if your State's current assessments include required domains and topics	November 1, 2013: (submit with Work Plan)	Stacey Mondschein Katz	Not started	Completed crosswalk(s)
8.3. Incorporate additional domains and topics if necessary (<i>stakeholder involvement is highly recommended</i>)	May 1, 2014: 6 months	Stacey Mondschein Katz	Not started	Final Level II assessment(s); notes from meetings involving stakeholder input
8.4. Train staff members at NWD/SEPs to coordinate the CSA	November 1, 2014: 12 months	Stacey Mondschein Katz	Not started	Training materials
8.5. Identify qualified personnel to conduct the CSA	November 1, 2014: 12 months	Stacey Mondschein Katz	Not started	List of entities contracted to conduct the various components of the CSA
8.6. Regular updates	Semiannual after implementation	Stacey Mondschein Katz	Not started	Description of success and challenges

Conflict-Free Case Management

9. [States must establish conflict of interest standards for the Level I screen, the Level II assessment, and plan of care processes. An individual's plan of care must be created independently from the availability of funding to provide services.](#)

Major Objective / Interim Tasks	Estimated Due Date (from time of Work Plan submission)	Lead Person	Status of Task	Deliverables
9.1. Describe current case management system, including conflict-free policies and areas of potential conflict	November 1, 2013 (submit with Work Plan)	Stacey Mondschein Katz	In progress	Strengths and weaknesses of existing case management systems
9.2. Develop conflict-free policies applicable across departments and programs	February 1, 2014: 3 months	Stacey Mondschein Katz	Not started	Policy documents and administrative rules where applicable
9.3. Identify areas in current system where conflict free case management has not been achieved	February 1, 2014: 3 months	Stacey Mondschein Katz	Not started	System inventory document
9.4. Engage stakeholders in re-design that meets needs of members and adheres to the BIP Program	May 1, 2014: 6 months	Stacey Mondschein Katz	Not started	Redesign model

Major Objective / Interim Tasks	Estimated Due Date (from time of Work Plan submission)	Lead Person	Status of Task	Deliverables
9.5. Establish protocol for removing conflict of interest	August 1, 2014: 9 months	Stacey Mondschein Katz	Not started	Protocol for conflict removal; if conflict cannot be removed entirely, explain why and describe mitigation strategies
9.6. Implement conflict free case management procedures to assure conflict free case management in compliance with BIP standards	No later than September 30, 2015	Stacey Mondschein Katz	Not started	Rules, policies and practices in place

Data Collection and Reporting

10. [States must report service, outcome, and quality measure data to CMS in an accurate and timely manner.](#)

Major Objective / Interim Tasks	Estimated Due Date (from time of Work Plan submission)	Lead Person	Status of Task	Deliverables
10.1. Identify data collection protocol for <i>service data</i>	November 1, 2013 (submit with Work Plan)	Stacey Mondschein Katz	Started	Measures, data collection instruments, and data collection protocol
10.2. Identify data collection protocol for <i>quality data</i>	November 1, 2013: (submit with Work Plan)	Stacey Mondschein Katz	Started	Measures, data collection instruments, and data collection protocol
10.3. Identify data collection protocol for <i>outcome measures</i>	November 1, 2013: (submit with Work Plan)	Stacey Mondschein Katz	Started	Measures, data collection instruments, and data collection protocol
10.4. Report updates to data collection protocol and instances of <i>service data</i> collection	Semiannual	Stacey Mondschein Katz	Not started	Document describing when data were collected during previous 6-month period, plus updates to protocol
10.5. Report updates to data collection protocol and instances of <i>quality data</i> collection	Semiannual	Stacey Mondschein Katz	Not started	Document describing when data were collected during previous 6-month period, plus updates to protocol
10.6. Report updates to data collection protocol and instances of <i>outcomes measures</i> collection	Semiannual	Stacey Mondschein Katz	Not started	Document describing when data were collected during previous 6-month

Major Objective / Interim Tasks	Estimated Due Date (from time of Work Plan submission)	Lead Person	Status of Task	Deliverables
				period plus updates to protocol

Sustainability

11. [States should identify funding sources that will allow them to build and maintain the required structural changes.](#)

Major Objective / Interim Tasks	Estimated Due Date (from time of Work Plan submission)	Lead Person	Status of Task	Deliverables
11.1. Identify funding sources to implement the structural changes	November 1, 2013: (submit with Work Plan)	Stacey Mondschein Katz	Started	Description of funding sources
11.2. Develop sustainability plan	November 1, 2014: 12 months	Stacey Mondschein Katz	Not started	Funding sources and estimated annual budget necessary to maintain structural changes after award period ends
11.3. Describe the planned usage for the enhanced funding	November 1, 2013: (submit with Work Plan)	Stacey Mondschein Katz	Not started	Description of how the State will use the enhanced funding earned through the program. Detail how these planned expenditures: 1. Increase offerings of or access to non-institutional long-term services and supports; 2. Are for the benefit of Medicaid recipients; and 3. Are not a prohibited use of Medicaid funding.

Exchange IT Coordination

12. [States must make an effort to coordinate their NWD/SEP system with the Health Information Exchange IT system.](#)

Major Objective / Interim Tasks	Estimated Due Date (from time of Work Plan submission)	Lead Person	Status of Task	Deliverables
12.1. Describe plans to coordinate the NWD/SEP system with the Health Information Exchange IT system	May 1, 2014: 6 months	Stacey Mondschein Katz	Not started	Description of plan of coordination

Major Objective / Interim Tasks	Estimated Due Date (from time of Work Plan submission)	Lead Person	Status of Task	Deliverables
12.2. Provide updates on coordination, including the technological infrastructure	Semiannual	Stacey Mondschein Katz	Not started	Description of coordination efforts

LETTERS OF ENDORSEMENT



May 1, 2013

Stefanie Nadeau, Medicaid Director
Office of MaineCare Services
Department of Health and Human Services
State House Station 11
Augusta, ME 04333


Dear Ms. Nadeau:

SeniorsPlus is pleased to support Maine's application for the Balancing Incentive Program (BIP) and the goal to increase the level of funding available for home and community-based services to meet at least 50% of the total spent on all long term care services (LTSS) in Maine.

We look forward to working with the Department in its efforts to streamline access and improve coordination across all long term services and supports through the use of a no wrong door/single entry point across all LTSS populations; conflict free case management services; and core standardized assessment instruments.

We support submission of this application which will promote new opportunities in Maine to provide care to in the most appropriate and least restrictive settings. This initiative will allow for streamlined eligibility, improved access and expanded community LTSS across all populations. We look forward to working collaboratively with the Department to meet the goals of the BIP program.

Sincerely,



Betsy Sawyer-Manter
Executive Director
SeniorsPlus

www.seniorsplus.org



61 Winthrop Street • Augusta, Maine 04330
(Voice/TTY) 207-621-1079 • (Voice /TTY) 1-800-499-0229
Fax 207-621-0509 • MLTCOP@MaineOmbudsman.org

May 1, 2013

Stefanie Nadeau, Medicaid Director
Office of MaineCare Services
Department of Health and Human Services
State House Station 11
Augusta ME 04333

Dear Ms. Nadeau:

The Maine Long-Term Care Ombudsman Program is pleased to support Maine's application for the Balancing Incentive Program (BIP) and the goal to increase the level of funding available for home and community based services to meet at least 50% of the total spent on all long term care services (LTSS) in Maine.

We look forward to working with the Department in its efforts to streamline access and improve coordination across all long term services and supports through the use of a no wrong door/single entry point across all LTSS populations; conflict free case management services; and core standardized assessment instruments.

We support submission of this application which will promote new opportunities in Maine to provide care to in the most appropriate and least restrictive settings. This initiative will allow for streamlined eligibility, improved access and expanded community LTSS across all populations. We look forward to working collaboratively with the Department to meet the goals of the BIP program.

Sincerely,

Brenda Gallant
Executive Director

www.maineombudsman.org



Eastern Area Agency on Aging

450 Essex Street, Bangor, ME 04401

Tel: (TDD) (207) 941-2865 or (TDD) 1-800-432-7812

Fax: (207) 941-2869 www.eaaa.org

May 1, 2013

Stefanie Nadeau, Medicaid Director
Office of MaineCare Services
Department of Health and Human Services
State House Station 11
Augusta ME 04333

Dear Ms. Nadeau:

Eastern Area Agency on Aging is pleased to support Maine's application for the Balancing Incentive Program (BIP) and the goal to increase the level of funding available for home and community based services to meet at least 50% of the total spent on all long term care services (LTSS) in Maine.

We look forward to working with the Department in its efforts to streamline access and improve coordination across all long term services and supports through the use of a no wrong door/single entry point across all LTSS populations; conflict free case management services; and core standardized assessment instruments.

We support submission of this application which will promote new opportunities in Maine to provide care to in the most appropriate and least restrictive settings. This initiative will allow for streamlined eligibility, improved access and expanded community LTSS across all populations that hopefully include new resources for meals on wheels and healthy aging programs. We look forward to working collaboratively with the Department to meet the goals of the BIP program.

Sincerely,

Noëlle L. Merrill
Executive Director

Your Area Agency on Aging Serving Penobscot, Piscataquis, Hancock & Washington Counties Since 1973



Free Legal Help for Maine's Seniors

May 1, 2013

Stefanie Nadeau, Medicaid Director
Office of MaineCare Services
Department of Health and Human Services
State House Station 11
Augusta ME 04333

Dear Ms. Nadeau:

Legal Services for the Elderly is pleased to support Maine's application for the Balancing Incentive Program (BIP) and the goal to increase the level of funding available for home and community based services to meet at least 50% of the total spent on all long term care services (LTSS) in Maine.

We look forward to working with the Department in its efforts to streamline access and improve coordination across all long term services and supports through the use of a no wrong door/single entry point across all LTSS populations; conflict free case management services; and core standardized assessment instruments.

We support submission of this application which will promote new opportunities in Maine to provide care to in the most appropriate and least restrictive settings. This initiative will allow for streamlined eligibility, improved access and expanded community LTSS across all populations. We look forward to working collaboratively with the Department to meet the goals of the BIP program.

Sincerely,



Jaye L. Martin
Executive Director

5 Wabon Street, Augusta, Maine 04330-7040
(207) 621-0087 • Fax (207) 621-0742 • LSE Helpline 1-800-750-5353 (V/TTY: 711) • www.mainelse.org



Central Maine Area Agency on Aging

One Weston Court, Suite 203 • P.O. Box 2589 • Augusta, ME 04338-2589
1.800.639.1553 • Fax 207.622.7857 • TTY 1.800.464.8703

May 01, 2013

Stefanie Nadeau, Medicaid Director
Office of MaineCare Services
Department of Health and Human Services
State House Station 11
Augusta ME 04333

Dear Ms. Nadeau:

Spectrum Generations is pleased to support Maine's application for the Balancing Incentive Program (BIP) and the goal to increase the level of funding available for home and community based services to meet at least 50% of the total spent on all long term care services (LTSS) in Maine.

We look forward to working with the Department in its efforts to streamline access and improve coordination across all long term services and supports through the use of a no wrong door/single entry point across all LTSS populations; conflict free case management services; and core standardized assessment instruments. In addition, it would be our hope that increased funds would specifically lead to MaineCare coverage of LTSS such as Meals on Wheels, family caregiver, and evidenced based health and wellness programs (i.e. Matter of Balance).

We support submission of this application which will promote new opportunities in Maine to provide care to in the most appropriate and least restrictive settings. This initiative will allow for streamlined eligibility, improved access and expanded community LTSS across all populations. We look forward to working collaboratively with the Department to meet the goals of the BIP program.

Sincerely,

Gerard L. Queally
President & CEO
Spectrum Generations

Belfast
Waldo Community
Center

Damariscotta
Coastal Community
Center

Hallowell
William S. Cohen
Community Center

Rockland
Knox Community
Center

Skowhegan
Somerset Community
Center

Topsham
Southern Midcoast
Community Center

Waterville
Edmund S. Muskie
Community Center

www.spectrumgenerations.org



Department of Health and Human Services
Substance Abuse and Mental Health Services
41 Anthony Avenue
11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 287-2595; Fax: (207) 287-4334
TTY Users: Dial 711 (Maine Relay)

May 20, 2013

Stefanie Nadeau, Medicaid Director
Office of MaineCare Services
Department of Health and Human Services
State House Station 11
Augusta ME 04333

Dear Ms. Nadeau:

The Maine Office of Substance Abuse and Mental Health Services (SAMHS) is pleased to support Maine's application for the Balancing Incentive Program (BIP) and the goal to increase the level of funding available for home and community based services to meet at least 50% of the total spent on all long term care services (LTSS) in Maine.

SAMHS looks forward to working with the Department and all the agencies involved in its efforts to streamline access and improve coordination across all long term services and supports through the use of a no wrong door/single entry point across all LTSS populations; conflict free case management services; and core standardized assessment instruments.

We support submission of this application which will promote new opportunities in Maine to provide care to in the most supportive, appropriate level of care, and in its least restrictive setting. This initiative will allow for streamlined eligibility, improved access and expanded community LTSS across all populations. We look forward to working collaboratively with the Department to meet the goals of the BIP program.

Sincerely,

Guy R. Cousins, LCSW, LADC, CCS
Director, Office of Substance Abuse and Mental Health Services
41 Anthony Ave, SHS #2
Augusta, ME 04333-0011
P: 207.287.2595
F: 207.287.4334
<http://www.maine.gov/dhhs/samhs>



Department of Health and Human Services
Aging and Disability Services
32 Blossom Lane
11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 287-9200; Fax: (207) 287-9229
Toll Free (800) 262-2232; TTY Users: Dial 711 (Maine Relay)

May 28, 2013

Stefanie Nadeau, Medicaid Director
Office of MaineCare Services
Department of Health and Human Services
11 State House Station
Augusta ME 04333

Dear Ms. Nadeau:

The Office of Aging and Disability Services is writing in support of Maine's application for the Balancing Incentive Program (BIP) and the goal to increase the level of funding available for home and community based services to meet at least 50% of the total spent on all long term care services (LTSS) in Maine.

The Office of Aging and Disability Services (OADS) within DHHS oversees a broad range of community services for older persons and persons with disabilities; long term services and supports, including five waivers; a comprehensive system of support for individuals with intellectual, physical and developmental disabilities; brain injury services; consumer-directed services; quality assurance and quality improvement services including independent assessment services; adult protective services; and public guardianship and/or conservatorship services for individuals who are incapacitated and least restrictive alternatives are not available. The OADS is also designated as the state unit on aging for planning purposes and administration of programs under the Older Americans Act.

We look forward to working on efforts to streamline access and improve coordination across all long term services and supports through the use of a no wrong door/single entry point across all LTSS populations; conflict free case management services; and core standardized assessment instruments.

We support submission of this application which will promote new opportunities in Maine to provide care to in the most appropriate and least restrictive settings. This initiative will allow for streamlined eligibility, improved access and expanded community LTSS across all populations.

Sincerely,

Ricker Hamilton
Director, Office of Aging and Disability Services



One Edgemont Drive, Suite B
P.O. Box 1288
Presque Isle, Maine 04769

Website: www.aroostookaging.org
E-mail: info@aroostookaging.org

207-764-3396 or Toll-Free 1-800-439-1789 FAX 207-764-6182

May 1, 2013

Stefanie Nadeau, Medicaid Director
Office of MaineCare Services
Department of Health and Human Services
State House Station 11
Augusta ME 04333

Dear Ms. Nadeau:

Aroostook Agency on Aging is pleased to support Maine's application for the Balancing Incentive Program (BIP) and the goal to increase the level of funding available for home and community based services to meet at least 50% of the total spent on all long term care services (LTSS) in Maine.

We look forward to working with the Department in its efforts to streamline access and improve coordination across all long term services and supports through the use of a no wrong door/single entry point across all LTSS populations; conflict free case management services; and core standardized assessment instruments. We also are in hopes that effective long term care support services including Meals on Wheels, falls prevention (Matter of Balance), and family caregiver support can be covered in the future.

We support submission of this application which will promote new opportunities in Maine to provide care to in the most appropriate and least restrictive settings. This initiative will allow for streamlined eligibility, improved access and expanded community LTSS across all populations. We look forward to working collaboratively with the Department to meet the goals of the BIP program.

Sincerely,

Stephen Farnham
Executive Director

advocacy, action, answers on aging



Powering Independent Living



127 Main Street
South Portland, ME 04106
800.640.7200 (v/tty)
207.799.8346 (fax)

May 1, 2013

Stefanie Nadeau, Medicaid Director
Office of MaineCare Services
Department of Health and Human Services
State House Station 11
Augusta ME 04333

Dear Ms. Nadeau:

Alpha One is very pleased to offer our support for Maine's application for the Balancing Incentive Program (BIP) and the goal to increase the level of funding available for home and community based services to meet at least 50% of the total spent on all long term care services (LTSS) in Maine.

We look forward to working with the Department in its efforts to streamline access and improve coordination across all long term services and supports through the use of a no wrong door/single entry point across all LTSS populations; conflict free case management services; and core standardized assessment instruments.

We support submission of this application which will promote new opportunities in Maine to provide care to in the most appropriate and least restrictive settings. This initiative will allow for streamlined eligibility, improved access and expanded community LTSS across all populations. We look forward to working collaboratively with the Department to meet the goals of the BIP program.

Sincerely,

Dennis Fitzgibbons
Executive Director

alphaonenow.org



Your 1st Stop for Answers

May 2, 2013

Stefanie Nadeau, Medicaid Director
Office of MaineCare Services
Department of Health and Human Services
State House Station 11
Augusta ME 04333

Dear Ms. Nadeau:

Southern Maine Agency on Aging is pleased to support Maine's application for the Balancing Incentive Program (BIP) and the goal to increase the level of funding available for home and community based services to meet at least 50% of the total spent on all long term care services (LTSS) in Maine. As a provider of Adult day services for adults with dementia and other cognitive impairments as well as Meals on Wheels, and evidence-based programs such as Savvy Caregiver, we know firsthand the benefit that community based services can bring to families and consumers who wish to remain living in their communities.

We look forward to working with the Department in its efforts to streamline access and improve coordination across all long term services and supports through the use of a no wrong door/single entry point across all LTSS populations; conflict free case management services; and core standardized assessment instruments.

We support submission of this application which will promote new opportunities in Maine to provide care to in the most appropriate and least restrictive settings. This initiative will allow for streamlined eligibility, improved access and expanded community LTSS across all populations. We look forward to working collaboratively with the Department to meet the goals of the BIP program.

Sincerely,

A handwritten signature in dark ink, appearing to read "Laurence W. Gross", is written over a horizontal line.

Laurence W. Gross
Executive Director

136 U.S. Route One • Scarborough, ME 04074

www.smaaa.org

207-396-6500 • 1-800-427-7411 • Fax: 207-883-8249 • Dial 711

Equal Opportunity Non-Profit Organization

BALANCING INCENTIVE PAYMENT PROGRAM

APPLICATION NARRATIVE

- a. Understanding of Balancing Incentive Program Objectives: The State has demonstrated an understanding of and a commitment to the goals of the Balancing Incentive Program, and the concepts of a true NWD/SEP system for LTSS.**

Rebalancing Commitment

Maine has long demonstrated a strong commitment to community long term services and supports (LTSS) as seen through a series of major reform initiatives over the last several decades which have significantly reduced its reliance on institutional services:

- Beginning in the 1950's Maine began reducing the number of residents served in its only state-operated institution for persons with intellectual disabilities. In 1983 Maine established its waiver program for individuals with intellectual disabilities; in 1996 Maine closed its state-operated ICFs-IDD and became one of only three states with no state-operated institution for this population.
- Starting in the 1970s, Maine began reducing the number of people in its two state operated psychiatric hospitals, shifting primary focus of these hospitals to short term acute care and away from long term residential services.
- In the 1990s, Maine initiated several reforms to target nursing facility admissions to those most in need by establishing stricter medical eligibility criteria and requiring that anyone seeking admission to a nursing facility, regardless of payment source, be assessed for medical eligibility and provided an advisory community plan of care.
- Since the 1990's Maine has successfully been transitioning children needing nursing facility level of care to home and community-based services through the Katie Beckett eligibility option.

As a result of these reforms, Maine has successfully reduced its utilization of institutional services for many individuals needing LTSS. This is demonstrated in Attachment C of the

Balancing Incentive Payment (BIP) Program Application, which shows Maine spending 49.1% of its LTSS spending on community LTSS. As part of its participation in this initiative, Maine commits to meeting the 50% spending benchmark for community LTSS as required by the BIP Program by no later than September 30, 2015.

Essential to this history of reform and system change is the Maine Legislature's commitment to providing a rich array of home and community-based service options.

- Maine offers a number of different Medicaid services for LTSS. In addition to mandatory and optional Medicaid State Plan services, there are currently six approved home and community-based waivers that serve elders, adults with physical and intellectual disabilities and children. Notably, Maine has recently received approval for a Home and Community-based waiver specific to adults who have experienced Cerebral Palsy, Seizure Disorders or other conditions during their first 21 years of life causing significant disabilities (referred to as "Other Related Conditions"). This waiver is closely linked with Maine's Money Follows the Person program because eligible individuals who currently reside in institutions have priority for participation in the Other Related Conditions waiver. Maine is also currently in the initial stages of exploring a waiver to serve individuals with acquired brain injury which, if State and federal approvals are received, would have an anticipated start date in State fiscal year 2015.
- The Maine Legislature continues to fund a significant number of non-Medicaid programs using all state dollars to provide a range of community LTSS, including but not limited to in-home personal care, nursing, therapies, homemaker, adult day, assisted living and respite services. These services are key components of Maine's overall LTSS delivery system and it is expected that the structural changes encompassed by the BIP program will benefit recipients of these non-Medicaid services as well.

Structural Change Commitment

Several of the components that are set forth in the BIP Program are reflective of ongoing initiatives in Maine that are aimed at comprehensive systems balancing and reform. For example:

- Maine has passed legislation which mirrors some of the structural changes envisioned by the BIP Program. In particular, Maine has legislation requiring the creation of a single system for intake and eligibility determination for LTSS, regardless of diagnosis, type of disability, age or other demographic factor. Other legislation requires the consolidation of several different LTSS programs to achieve improved efficiency, cost-effectiveness and quality of services delivered to LTSS participants.
- Work force development is an important part of the rebalancing goal to ensure that there are adequate numbers of qualified workers to meet the needs of individuals served in the community. One current initiative is a pilot program developing uniform statewide training modules based on core competencies. The curriculum and core competencies have been created for three categories of direct care workers: those who provide personal care and daily living support to elders and adults with physical disabilities; those who direct supports to persons with intellectual disabilities; and those who provide daily living supports to persons with severe and persistent mental illness. This effort is aimed at reducing unnecessary barriers to workers transitioning across different settings and populations; providing accessible and equitable training opportunities; and, more importantly, better meeting the needs of the individuals receiving services, especially those who have co-occurring or complex LTSS needs. The BIP Program creates an additional opportunity consistent with these goals, as well as other complementary efforts aimed at providing better integrated care, to achieve quality improvement across all LTSS. Maine is committed to providing quality care for individuals in the most appropriate and least restrictive setting, consistent with the goals of the BIP Program.
- Maine is an “early adopter” of the Administration on Aging’s vision in regard to ADRCs being trusted and visible places where individuals can receive comprehensive and accurate information about options for LTSS that meet their needs. Maine has been

the recipient of ADRC grants in 2003, 2005, and 2009. With these three grants, Maine has accomplished statewide ADRC coverage by creating an ADRC in each of the five Area Agencies on Aging.

The importance of having statewide access to an ADRC is underscored by Maine's aging demographics. The most recent census data shows that in 2010, only Florida and West Virginia ranked higher than Maine in the percent of population age 65-or-above. Maine ranked third with 15.9%. Using the median age of the population as a measure, Maine is already considered the "oldest" state in the nation. In the near term, current projections forecast that 65-to-74 year olds will be Maine's fastest growing age group, increasing by 58% by the year 2022. One of the solutions to the growing need and pressures presented by Maine's demographics is for the State to move forward in transforming its long term care system by lowering costs through improved systems performance and efficiencies while at the same time administering services and activities in the most integrated settings. These are key goals under the structural changes required by the BIP Program.

b. Current System's Strengths and Challenges: The State has provided a description of the existing LTSS information and referral, eligibility determination, and case management processes in the State.

One challenge to more integrated systems has been the LTSS organizational structure; namely, that publicly funded LTSS reside within a number of different offices and divisions within the State. These offices have developed different procedures and requirements without consideration of efficiencies or comparability across program areas. Historically, this organizational structure has been a barrier to comprehensive reform and rebalancing efforts.

Several years ago, the Maine Legislature approved a reorganization that merged the Department of Human Services with the Department of Behavioral and Developmental Services, creating the Department of Health and Human Services (DHHS). More recently, the Maine Legislature approved a further consolidation of program offices within DHHS, effective September 2012, that streamlines and enhances collaboration among staff dedicated to essential service functions. The DHHS program areas serving elders, adults with disabilities and those with intellectual disabilities merged, as did program areas serving individuals with

mental health and substance abuse needs. This change better serves people in a coordinated, integrated manner by creating access that is more effective and reduces duplication of effort. This restructuring is consistent with the integration of direct community services offered by the Aging and Disability Resource Centers (ADRCs) to Maine's disabled and aging adults. The efforts to date place Maine in a stronger position at this time to achieve the changes required by the BIP Program and to extend and strengthen the structural elements that Maine currently has in place. Maine needs to build on this work to further develop a NWD/SEP system and streamlined access that meets the needs of all LTSS recipients.

As Maine's population continues to age, the State will also need to address the needs of people with co-occurring LTSS needs. Maine has developed a cross-systems vocabulary for LTSS in recognition that different program areas use their own vocabulary to describe the services they offer and that there is a need to foster an easier translation and improved communication across population groups. While unique and system specific vocabulary may be important within a program area, it can limit communication across programs. This cross-systems vocabulary has been incorporated into Maine's State Profile Tool and it provides a common language for continuous quality improvement services. Even with this progress, however, cross-communication and understanding across service areas continues to be a challenge.

Comprehensive and streamlined access to LTSS could be improved for all populations. This is the case for elders and adults with disabilities, as well as for individuals with mental illness, where past work has shown that there are barriers to information sharing and steps are often repeated for determining clinical eligibility for different services. Historically, physical health care, treatment for addictions, mental health treatments, and services to individuals with intellectual disabilities have been provided in silos. Integrating these different delivery systems requires the State to overcome existing hurdles in both policy and practice but there is also clear recognition that this integration directly benefits the quality of care received by the participant. Using the requirements of the BIP Program as a foundation, Maine has a road map to alleviate existing fragmentation and improve access while still recognizing and identifying program differences that should be preserved to meet each population's distinct needs.

Information and Referral (I & R):

Information and referral on health and human services is provided through a 2-1-1 Maine network, a comprehensive statewide directory of health and human services available in Maine. The toll free 2-1-1 hotline connects callers to trained call specialists who can help 24 hours a day, 7 days a week. This service was built on an existing information and referral service for adult mental health services in southern Maine. 2-1-1 Maine also offers an online searchable database with the ability to search for services by region, including mental health and housing services. Call data indicates that 2-1-1 Maine is recognized as a source of information about mental health services.

In addition, Maine relies on its network of ADRCs to provide information about the full range of options available in the community. In Maine, the Area Agencies on Aging act as the ADRCs and use the National Council on Aging's (NCOA) "Benefits Check-Up System" to identify state and federal programs for which individuals may be eligible. They received NCOA funding to establish Benefits Outreach and Enrollments Centers. Staff are fully aware of programs available through the Older Americans Act and have established Options Counseling Programs offered to individuals who need long term support services.

Maine regularly participates in the Resource Center Technical Assistance Exchange to evaluate the progress of the ADRCs toward meeting the criteria to be Fully Functioning Aging and Disability Resource Centers. Lewin, the national consultant that assists in this review, has determined that the ADRCs meet the criteria for an Outreach and Marketing Plan as well as Marketing to and Serving Private Paying populations. Currently, the ADRCs partially meet the criteria for Information and Referral. A broader statewide focus is needed to enhance this criteria. The ADRC visibility also needs to be enhanced to assist younger individuals with all disabilities. The BIP Program will provide Maine with the opportunity to develop the needed comprehensive statewide visibility and consistency in this area as well as expand target outreach. Currently, other community organizations that provide specialized information and referral services include but are not limited to NAMI-Maine, Maine's Center for Independent Living (CIL), and Maine's Long Term Care Ombudsman Program.

As Maine works towards its goal of having community LTSS being the expectation for individuals needing LTSS, a comprehensive information and referral process is critical to ensuring that individuals and their families are provided accurate and timely information about

community service options and appropriate linkages to services. Part of this work will be to develop a sustainability model that will support this system beyond the end of the grant period.

Eligibility:

Under Maine's current system, a single statewide assessing services agency conducts LTSS medical eligibility determinations for elders and adults with physical disabilities. These assessments are completed face to face and take place where the person resides. The goals of the assessment process are to provide timely, consistent and objective functional/medical eligibility decisions; educate individuals and their families about in-home and community support services as well as residential or facility options; and support equitable allocation of resources based on functional and financial needs, consistent with available resources.

The assessment data and outcome information are captured electronically in MeCare, which houses all assessment and service authorization information. This assessment captures all five components of the core data set as described in the BIP Program application. If an individual is not found eligible for any of the state funded or Medicaid LTSS programs, or if the service for which they are eligible has a wait list, referrals are made to other existing resources consistent with the person's needs.

Maine is also in the process of implementing the "Supporting Individual Success" initiative for adults with intellectual disabilities, which pairs use of a standardized assessment tool called the Supports Intensity Scale (SIS) with a resource allocation model. The SIS assessment tool was developed by the American Association on Intellectual and Developmental Disabilities (AAIDD) and has been chosen by the Department as a requirement for adults receiving Developmental Services. It measures practical support that an individual needs to be successful in the community. The intent is to achieve a more equitable and sustainable model for service delivery, including waiver services. Goals of the Department for use of the tool include increasing person-centeredness, self-direction, employment and community inclusion.

Although the functional assessment captures some limited financial information, the financial eligibility determination for Medicaid programs is determined by staff at the DHHS Office for Family Independence (OFI). There are several points of intersection in the current system between the medical and financial eligibility pieces; for example, the electronic assessment

system for elders and adults with disabilities interfaces with and includes information on an individual's financial eligibility. In addition, OFI and the assessing services agency have protocols triggering functional assessments upon financial applications for long term care. As part of the BIP Program, Maine will work to further integrate the medical and financial eligibility determination functions.

Maine provides an array of supportive services to individuals with behavioral health needs, including coordination services, daily living services, treatment services and residential support. Daily Living Services includes services such as skills development, daily living support and employment supports. Access to community and residential supports is primarily limited to persons with serious and persistent mental illness. The Department contracts with providers to provide mental health services. For almost all mental health services, access (including eligibility determination and enrollment) is made through the individual provider. In 2007, Maine introduced utilization review of its behavioral health system through an administrative service organization (ASO) to provide prior authorizations or continuing review for many of the services.

Developing a uniform eligibility approach across all service access areas and for all populations will result in a streamlined and coordinated eligibility process that is more efficient and better meets the needs of individuals requiring LTSS. As mentioned above, the recent consolidation of DHHS program offices has already moved Maine further along on this path. As an example, Maine's Office of Aging and Disability Services is currently working to expand independent assessing services for LTSS eligibility to include not only elders and adults with physical disabilities but also adults with intellectual disabilities. The goal is to create efficiencies and provide streamlined eligibility and referral services. A more comprehensive approach is also essential as Maine continues to see individuals with multiple needs and whose needs cut across different program areas. Additional information on the current assessment tools is set forth in section (h) of this application narrative.

Conflict free case management:

Currently, conflict free case management is provided under programs serving elders and adults with physical and intellectual disabilities. Maine's system of care for individuals with

intellectual disabilities currently operates under a conflict free case management structure. Providers of case management services for individuals with intellectual disabilities are not allowed to provide any other service to the individual if they are the designated case management entity. These services have been provided through the state system for over twenty-five years.

Case management for behavioral health is a process by which individualized needs are identified through an assessment. These needs are met through the avenue of referral, consultation, direct contact, coordination, communication and follow up until completed. These services for behavioral health are offered via contracted community providers and DHHS state staff, in certain instances. Although some service delivery is conflict free, not all case management services would meet the BIP Program standards.

As part of its work on the BIP Program, one of Maine's first steps will be to inventory case management provided across the entire LTSS delivery system since program areas differ. Although conflict free case management is required in several program areas, Maine will assure in accordance with the standards of the BIP Program that these requirements apply to all LTSS program areas. To strengthen and improve conflict free case management, Maine will establish protocols for identifying and removing conflicts of interest when and if they arise. Working with stakeholders, Maine will evaluate its case management system to strengthen current practices. Maine commits to fully implementing conflict free case management meeting the BIP Program standards by the end of the BIP Program period, no later than September 30, 2015.

c. NWD/SED Agency Partners and Roles: The State has described the designated agencies that will likely comprise the SEP Agencies and has described each agency's anticipated role in the NWD/SEP system.

Maine will implement requirements of the BIP Program through the collaboration of many partners. The State agencies expected to constitute the required infrastructure for the BIP Program are:

1. Oversight Agencies: DHHS and Office of MaineCare Services (OMS)
2. Operating Agencies: Office for Family Independence (OFI); Office of Aging and Disability Services (OADS); Office of Substance Abuse and Mental Health Services (SAMHS); Office of Child and Family Services (OCFS) and Office of Information Technology (OIT).

DHHS will be responsible for ensuring timely implementation of essential infrastructure components, including development of the website and streamlined and coordinated processes for eligibility determination, assessment and service planning. Program offices will play lead roles in development and implementation of the Core Standardized Assessment process and ensuring a conflict free case management service delivery system.

Other key partners include but are not expected to be limited to Maine's current network of Aging and Disability Resource Centers (ADRCs), which are part of Maine's Area Agencies on Aging; Maine's Center for Independent Living (CIL); and Maine's Long Term Care Ombudsman Program, which has been designated as the Local Contact Agency under the Section Q MDS protocol and plays a key role in Maine's Money Follows the Person Program.

As referenced above, Maine is an "early adopter" of the Administration on Aging's vision in regard to ADRCs being trusted and visible places where individuals can receive comprehensive and accurate information about options for LTSS that meet their needs. Through its several ADRC grants, Maine has accomplished statewide ADRC coverage through integrating the ADRC function as part of Maine's five Area Agencies on Aging.

d. NWD/SEP Person Flow: The State has provided an initial description of the planned "person flow" through the NWD/SEP system (i.e, the experience of the eligibility determination process from an individual's perspective, from start to finish), including how the State plans to coordinate functional and financial eligibility within the eligibility determination process and how these processes differ from the current system

The current eligibility process for LTSS can be confusing at times, particularly for individuals who are touching the system for the first time or are seeking LTSS services that are

administered through different offices. Maine's enhancement of the NWD/SEP will remove some of these barriers by unifying the application process for all LTSS populations and providing comprehensive and consistent information statewide.

Under the current system, individuals in need of LTSS are able to acquire information and start the process through several different doors. Although there are several screening tools available and currently in use, they are not consistent or formalized across the entry points into the LTSS system. In the current system, the extent of screening and the specific tools used depends on an individual's entry point into the system. In some cases, this screening occurs face to face and in others it happens over the phone. Some but not all screening is automated. Although information on LTSS resources is available on-line, it is dispersed across different sites. In some cases a provider may refer an individual to apply for Medicaid but may not necessarily facilitate that process. For some individuals, for example those with mental illness, determining eligibility is often based on a determination of a disability which can make navigating the process challenging. Individuals would benefit from a facilitated process that better coordinates clinical and financial eligibility.

Maine welcomes the development of a standardized Level I screen as envisioned by the BIP Program and other on-line web based tools to complete eligibility screening. This work will complement and be coordinated with the financial eligibility web based changes currently being developed by OFI, which was awarded two consecutive Centers for Medicare and Medicaid Services (CMS) Children's Health Insurance Program Reauthorization Act (CHIPRA) grants to establish online services. Titled MyMaineConnection, this website was developed with the input of agencies such as the Eastern Area Agency on Aging and Maine Primary Care Association (MPCA) and offers a streamlined interactive online application and recertification service. This site will be further enhanced by paperless noticing and a client self-service update feature and ties in well with Affordable Care Act requirements and the new streamlined business process model OFI is currently planning for efficiency and service improvements. Although there are limitations to the use of web-based information in terms of access for some individuals, the use of the internet is increasing even among populations that traditionally are not viewed as strong internet users. In addition, family members and others assisting elders and adults with disabilities are even more apt to have access to and use the

internet. Web-based information may be preferred in some cases and can avoid transportation and distance issues, which are significant in Maine.

Specifically, the current system includes several pathways for individuals seeking information and services. Individuals and their families can seek information through:

- Calling the ADRC network toll free number 1-877-353-3771 from anywhere in the State. By calling this toll free number, an individual's call will automatically be routed to the ADRC site serving their location;
- The same information and referral are provided to individuals who visit their local ADRC in person;
- Calling or accessing on-line 2-1-1 Maine; and
- Contacting an advocacy agency for information.

Other DHHS pathways include:

- Calling or visiting a DHHS regional office where trained financial eligibility specialists assist clients applying for services and/or direct them to other appropriate services;
- Visiting the websites of DHHS, OFI, or any of the specialized program offices; and
- Contacting the Statewide assessing services agency directly: trained intake staff screen individuals for potential program eligibility and, based on the collected information, schedule an in-person assessment or refer the individual to other appropriate resources.

One primary difference between Maine's current system and the changes envisioned as part of the BIP structural changes will be in the application of a consistent screening tool (Level I) and a comprehensive LTSS referral and information system that, among other goals, prevents an individual from needing to make multiple contacts and inquiries to obtain information and determine eligibility for LTSS, and provides enhanced visibility of NWD/SED for all LTSS.

e. NWD/SEP Data Flow: The State has provided a discussion of the “data flow” within the eligibility determination process and has described where functional and financial assessment data will be housed and how they will be accessed by SEP Agencies to make eligibility determinations.

Maine utilizes a single electronic assessment and authorization system for Medicaid and state funded programs serving elders and adults with physical disabilities. This assessment must be done in person and within specific timeframes. This system is referred to as MeCare and it houses information on nursing facility, community Medicaid State Plan and Medicaid waiver program participants. MeCare is used by the assessing services agency that conducts the medical eligibility assessments and enters information at the time of the assessment into laptops. This automated system is also accessed by the Service Coordination Agencies that implement the community plans of care. Additionally, this system allows DHHS to have continual access and control of all eligibility and authorization data. MeCare interfaces with Maine’s MMIS system which allows access to financial eligibility status. Another system, known as EIS, performs similar functions for programs serving individuals with intellectual disabilities.

The next step under the BIP Program will be to evaluate those assessment processes which are not yet automated to determine how best to achieve this goal. One example: children receiving private duty nursing and personal care are assessed using a very similar assessment tool to the one that is used for elders and adults with disabilities. Maine is currently exploring the incorporation of the assessment used for children into the automated MeCare system, which will better provide information across program areas as children age out and transition to adult service options. Another area that will be of immediate attention is the possibility of linkages or interfaces between and among the different automated systems currently in use.

f. Potential Automation of Initial Assessment: The State has described potential opportunities for and challenges of automating the initial assessment tool via the NWD/SEP website.

Currently, only some of the pre-screening activity is automated. The ADRCs complete an automated screen and the MeCare assessment system used for elders and adults with physical

disabilities includes an automated prescreen. Both were developed independently of one another. Generally, the exchange of information between entities is not automated. For example, ADRCs collaborate with the assessing services agency when individuals are referred from the assessing services agency to the appropriate ADRC in situations where an individual is screened as being over asset or placed on a waitlist for services. ADRCs also refer to the assessing services agency when a face to face assessment for publically funded LTSS is warranted. There is no automated process in place for the transfer of this information.

Maine will review compatibility of current data systems and develop recommendations on how to coordinate appropriate access between and among all community network partners. There will be challenges in this area because different program areas and different community partners use different electronic information systems. Although Maine will standardize and automate the initial intake assessment process across all NWD/SEP entities, Maine will need to evaluate the feasibility of how that information can be electronically shared and accessed across entities. Beyond the technology challenges, the flow of information must also be balanced against the need to maintain compliance with Federal and State statutes and regulations regarding confidentiality of information.

g. Potential Automation of CSA: The State has described potential opportunities for and challenges of automating a CSA/functional assessment tool. Automation includes, at a minimum, real time electronic collection of functional assessment data.

As described earlier in this narrative, some core standardized assessment instruments are already automated. All functional assessments for long term care eligibility for elders and adults with physical disabilities are entered into an electronic system that allows DHHS access to all information for purposes of quality monitoring, reporting and data analysis. This includes community LTSS for elders and adults with physical disabilities as well as nursing facility services. This assessment captures demographics as well as the Core Dataset: Activities of Daily Living, Instrumental Activities of Daily Living, Medical Conditions/Diagnoses; Cognitive Function; and Behaviors.

The SIS, described elsewhere in this application, is also automated. The State will evaluate further automation of other core standardized assessments.

h. Incorporation of a CSA in the Eligibility Determination Process: The State has described the current functional assessment instruments and processes used to determine eligibility for LTSS. Does the State currently use a single CSA for all the LTSS populations? If not, how might the state incorporate a CSA into its current process? What would be the major challenges to adopting a CSA? What technical assistance might the State need to make this happen?

The assessment tool for elders and adults with disabilities is known as the Medical Eligibility Determination (MED) tool. This tool is automated. The Medical Eligibility Determination (MED) form is set up in sections. The language, definitions, and format of the MED form are similar to that used in the MDS (Minimum Data Set) system. This similarity makes data collection easier across long-term care programs and settings, although definitions and time frames had to be modified in some areas of the MED form in order to utilize the form in a community setting.

The form was designed to be an objective tool that is easily coded. The tool has an instruction manual that includes the “how to complete” instructions and the time frames in which to measure the person’s abilities. The design of the tool facilitates immediate eligibility determination by the assessor for multiple federal and state funded programs. Most medical eligibility determinations are finalized at the end of the in-person assessment process, unless additional information, such as physician input, is needed to complete the assessment.

The SIS measures support requirements in 57 life activities and 28 behavioral and medical areas. The assessment is done through a face to face interview with the consumer, guardian, case manager and direct support staff. The SIS measures support needs in the areas of home living, community living, lifelong learning, employment, health and safety, social activities, and protection and advocacy. The Scale ranks each activity according to frequency, amount and type of support. A Supports Intensity Level is determined based on the Total Support Needs Index, which is a standard score generated from scores on all the items tested by the Scale.

As part of the BIP program, the Department will build on on-going work to inventory all LTSS assessment tools and processes, and will create a cross-walk of required core data elements. Technical assistance may be sought on input for how best to pursue linkages in data systems across program areas.

i. Staff Qualifications and Training: The State has discussed considerations related to staff qualifications and training for administering the functional assessment.

Maine is committed to an independent assessment process to achieve consistent and conflict free eligibility determinations, although there are currently still some services where an independent assessment process has not yet been implemented. Maine is working toward this goal and ensuring that all core standardized assessments be administered by qualified entities and staff that have received comprehensive training on all assessment instruments. The specific credentials of the individuals performing the assessments will differ depending on the needs of the population being served.

j. Location of SEP Agencies: The State has provided a discussion of the issue of access to physical SEP agency locations. How will the State ensure access to physical SEP agency locations? What share of the State's population is likely to live within the service area of at least one SEP? What will the State do to maximize the share of the State's population living within the service area of at least one SEP? How will the State arrange evaluation services for individuals who do not live within the service areas of any SEPs? How will the State ensure that these physical locations are accessible by older adult and individuals with disabilities requiring public transportation?

DHHS maintains regional offices statewide at the following locations:

Augusta - 35 Anthony Avenue, Augusta, Maine 04333 - 1-800-452-1926
Bangor - 396 Griffin Road, Bangor, Maine 04401 - 1-800-432-7825
Biddeford - 208 Graham Street, Biddeford, Maine 04005 - 1-800-322-1919
Calais - 392 South Street, Calais, Maine 04619 - 1-800-622-1400
Caribou - 30 Skyway Drive Unit 100, Caribou, Maine 04736 - 1-800-432-7366
Ellsworth - 17 Eastward Lane, Ellsworth, Maine 04605 - 1-800-432-7823
Farmington - 114 Corn Shop Lane, Farmington, Maine 04938 - 1-800-442-6382

Fort Kent - 137 Market Street, Fort Kent, Maine 04743-1447 - 1-800-432-7340
Houlton - 11 High Street, Houlton, Maine 04730 - 1-800-432-7338
Lewiston - 200 Main Street, Lewiston, Maine 04240 - 1-800-482-7517
Machias - 13 Prescott Drive, Machias, Maine 04654 - 1-800-432-7846
Portland - 161 Marginal Way, Portland, Maine 04101 - 1-800-482-7520
Rockland - 91 Camden Street Suite 103, Rockland, Me 04841 - 1-800-432-7802
Sanford - 890 Main Street Suite 208, Sanford, Maine 04073 - 1-800-482-0790
Skowhegan - 98 North Avenue Suite 10, Skowhegan Maine 04976 - 1-800-452-4602
South Paris - 243 Main Street Suite #6, South Paris, Maine 04281 - 1-888-593-9775

In addition, Maine's network of ADRCs is statewide and therefore 100% of the population resides within the service area of an ADRC. The five ADRCs have central offices located in five population centers of the State and some have satellite offices, all of which are handicapped accessible. They all have a toll free telephone number, and offer an in-home visit if needed. The ADRCs are part of the Area Agencies on Aging and have access to all the Older Americans Act programs. They each provide options counseling, family caregiver support, Medicare information, the Veterans self-directed home and community-based service program, health insurance counseling, employment and training, advocacy and access to legal Services, nutrition including both home delivered meals and congregate dining, financial counseling and assistance, Alzheimer's respite, outreach, evidence based training including Savvy Caregiver, Matter of Balance and Chronic Disease Self-Management, and Information and Referral. Some but not all provide care transition services and adult day services. All but one of the ADRC offices are co-located with staff from the statewide Title IIIB legal services provider, Legal Services for the Elderly. Public transportation remains a significant challenge for every Mainer regardless of age or disability. The ADRC offices are accessible by public transportation.

k. Outreach and Advertising: the State has described plans for advertising the NWD/SEP system.

Maine will use a variety of methods to advertise the NWD/SEP system. Maine has developed a statewide brand for ADRCs but has allowed each ADRC to bring its unique local branding to its marketing. Maine will evaluate this approach to ensure that consistent key information is available through each ADRC and from others who participate as part of the NWD/SEP network. Marketing activities include direct mail, radio spots, and electronic and print media. The BIP Program will provide Maine the opportunity to continue to strengthen outreach to the

disability community. As part of its advertising and outreach, Maine will focus on providing comprehensive outreach across all populations, including culturally diverse, underserved and unserved populations.

l. Funding plan: The State has provided a discussion of anticipated sources to support the requirements of the Balancing Incentive Program, including development of a NWD/SEP system and use of CSA.

Maine is evaluating a number of potential funding sources to support the costs of implementing the structural changes required by the BIP Program. These may include using Money Follows the Person administrative or rebalancing funds; ADRC funds; or other on-going systems change initiatives that have similar goals of providing better integrated and effective care. The State will also explore the possibility of making enhancements to the LTSS eligibility and enrollment system to implement eligibility screening and better coordinate medical and financial eligibility.

m. Challenges: The State has provided a discussion of the characteristics of the State's current system of LTSS that might present barriers to rebalancing.

- Throughout development of its community-based service system, Maine, like other states, has faced challenges in reconciling inflexibilities of the current Medicaid system with the changing and varied needs of the individuals we serve. For example, there are some individuals who prefer, or are otherwise best served in, cost effective congregate and/or assisted-living settings that offer the supports necessary to allow them to avoid more restrictive institutional settings. The Medicaid funding regulations do not always support the flexibility needed to develop continuum of care choices appropriate for some individuals, especially those with Alzheimer's disease or other dementia.
- Maine faces increased challenges in providing home and community-based supports within the approved State budget and other available fiscal resources, especially based on Maine's demographics. This affects not only the funding available for direct services

but also community provider rates, some of which have not increased for many years although expenses for those providers have risen.

- Maine also faces challenges in ensuring adequacy of a qualified direct care workforce and ensuring adequate community capacity. At the same time that the population requiring LTSS is dramatically increasing, the younger generation in Maine is migrating out of the State looking for better jobs and wages. This migration is affecting both formal paid supports but it also means that older adults in Maine have no adult children nearby to provide informal support.
- As a largely rural state, many communities have no public transportation, limited access to services, and many live long distances from family, neighbors and friends. Maine's housing stock is old and less likely to be accessible to persons with disabilities, making it harder to return home for people with new injuries or disabilities.

n. NWD/SEP's Effect on Rebalancing: The State has discussed how the NWD/SEP system will help the State achieve rebalancing goals.

The NWD/SEP will provide Maine an opportunity to coordinate across organizational boundaries and to integrate efforts to provide effective and streamlined access to a continuum of LTSS. Having a transparent and consistent approach will provide greater visibility to the public and a greater ability to ensure that community options are explored before institutional placement occurs.

o. Other Balancing Initiatives: The State has described other current initiatives in which it is currently involved that share similar goals as the Balancing Incentive Program. The State has described any more general commitment made toward rebalancing LTSS.

Money Follows the Person (MFP), known as Homeward Bound in Maine, is assisting individuals transitioning from institutional to community care and has provided enhanced public awareness of community services. MDS Section Q training for nursing facility staff in conjunction with the Maine Long Term Care Ombudsman Program is ensuring identification and referral of individuals interested in considering community living.

Maine has recently received CMS approval of a new 1915(c) Waiver to provide community services for individuals with Other Related Conditions (ORC). This waiver is expected to be implemented July 1, 2013.

Maine is one of six states to receive a CMMI State Innovation Model grant which leverages the State's investment in the multi-payer Patient Centered Medical Home pilot and MaineCare Health Homes Initiative to form multi-payer Accountable Care Organizations that tie payments to achievement of costs and quality benchmarks and public reporting of common quality benchmarks. These initiatives are designed to improve quality, integration and consistency of care coordination for better health outcomes.

Maine received a Community Options grant awarded by the Administration for Community Living which developed an Options Counseling program. Options counseling was targeted to those at risk of going to a nursing home as well as at risk of spending down to Medicaid. Subsequently, the State received a grant to develop Options Counseling standards. The ADRCs continue to provide this important program which diverts individuals from institutional to community-based care.

Maine is one of six states participating in a grant from Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services known as the Personal and Home Care Aide State Training (PHCAST) Grant. This grant provides resources to develop and pilot a statewide training curriculum and core competencies for three categories of direct care workers serving different populations (elders and adults with physical disabilities; persons with intellectual disabilities; and persons with severe and persistent mental illness). This funding opportunity is essential to developing community capacity since programs have developed different training requirements in silos, which has made navigating the system difficult for workers, providers and recipients of service. Development of uniform statewide training based on core competencies will reduce unnecessary barriers and allow workers to transition across different settings and programs; provide more equitable and accessible training opportunities; and, most importantly, better meet the complex and changing needs of the individuals we serve.

p. Technical Assistance: The State has described anticipated technical assistance needs to achieve rebalancing.

Technical Assistance will be requested as Maine progresses towards designing and implementing structural changes.

A primary area of interest is the need for integration, coordination and sharing of data and information across different DHHS offices and community partners and cost-effective mechanisms for achieving that goal while still meeting federal and state guidelines protecting confidentiality.

Maine expects to request assistance in assuring that all data reporting on quality and outcomes meet requirements of the BIP Program.

Proposed Budget

DEPARTMENT OF HEALTH & HUMAN SERVICES								
CENTERS FOR MEDICARE & MEDICAID SERVICES								
BALANCING INCENTIVE PAYMENTS PROGRAM (Balancing Incentive Program) BENCHMARK TRACKER								
LONG TERM SERVICES AND SUPPORTS								
State	Maine			State FMAP Rate			62.75%	
Agency Name				Extra Balancing Incentive Program Portion (2 or 5 %)			2.00%	
Quarter Ended								
Year of Service (1-4)	FFY 2012 - FFY 2015			PLEASE COMPLETE ONLY THE NON-SHADED CELLS - BLUE CELLS WILL AUTO-CALCULATE.				
					Projected LTSS Spending			
LTSS	Total Service Expenditures	Regular FEDERAL Portion	Regular STATE Portion	Amount Funded By Balancing Incentive Program (4 year total)	Year 1 FFY 2012	Year 2 FFY 2013 (1 quarter)	Year 3 FFY 2014	Year 4 FFY 2015
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Case Management (TCM)								
Total	\$ 100,621,872	\$ 63,135,194	\$ 37,486,678	\$ 2,012,437	\$ -	\$ 10,816,478	\$ 44,348,343	\$ 45,457,051
Homemaker (Home Health)								
Total	\$ 23,844,339	\$ 14,961,131	\$ 8,883,209	\$ 476,887	\$ -	\$ 2,563,218	\$ 10,509,196	\$ 10,771,925
Homemaker Basic								
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Homemaker Chore Services								
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Home Health Aide								
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Personal Care								
Total	\$ 127,848,577	\$ 80,218,590	\$ 47,629,987	\$ 2,556,972	\$ -	\$ 16,148,664	\$ 55,160,451	\$ 56,539,462
Personal Care ADLs								
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Personal Care IADLs								
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Personal Care Health-Related (PDN)								
Total	\$ 25,160,618	\$ 15,787,030	\$ 9,373,588	\$ 503,212	\$ -	\$ 2,705,300	\$ 11,089,046	\$ 11,366,272
Personal Care Adult Companion								
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Personal Care PERS								
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Pers. Care Assistive Technology								
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Habilitation Day (Rehabilitation)								
Total	\$ 24,467,861	\$ 15,352,359	\$ 9,115,502	\$ 489,357	\$ -	\$ 224,632	\$ 11,971,965	\$ 12,271,264
Habilitation Behavioral								
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Habilitation Prevocational								
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Hab. Supported Employment								
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Hab. Educational Services								
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Respite Care								
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Day Treatment / Partial Hosp.								
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Psychosocial Rehabilitation								
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Clinic Services								
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other HCBS Services								
Service 1	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Service 2	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Service 3	\$ 760,359,798	\$ 477,087,756	\$ 283,272,043	\$ 15,207,196	\$ -	\$ 81,736,732	\$ 335,122,502	\$ 343,500,565
Total	\$ 760,359,798	\$ 477,087,756	\$ 283,272,043	\$ 15,207,196	\$ -	\$ 81,736,732	\$ 335,122,502	\$ 343,500,565
Health Homes								
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
CFC								
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Money Follows the Person*								
Total	\$ -	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -
TOTALS*	\$ 1,062,303,067	\$ 666,542,059	\$ 395,761,007	\$ 21,246,061	\$ -	\$ 114,195,024	\$ 468,201,502	\$ 479,906,540
*MFP does not receive enhanced FMAP through BIP, but the expenditures do count towards the state's target spending of 50% or 25%.								
*Total for Federal and State share for MFP reflect regular state share; does not calculate MFP enhanced FMAP.								